



Aged Care
Standards and Accreditation Agency Ltd

Bupa Ashfield

RACS ID 2578

126-128 Frederick Street

ASHFIELD NSW 2131

Approved provider: Bupa Care Services Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 September 2015.

We made our decision on 7 August 2012.

The audit was conducted on 3 July 2012 to 4 July 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Bupa Ashfield 2578

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 3 July 2012 to 4 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 3 July 2012 to 4 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Toby Hammerman
Team member/s:	Jennifer Woodman

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Ashfield
RACS ID:	2578

Total number of allocated places:	70
Number of residents during audit:	64
Number of high care residents during audit:	64
Special needs catered for:	Residents with dementia

Street/PO Box:	126-128 Frederick Street	State:	NSW
City/Town:	ASHFIELD	Postcode:	2131
Phone number:	02 9797 8422	Facsimile:	02 9270 0156
E-mail address:	Petra.Tierney@bupacare.com.au		

Audit trail

The assessment team spent two days on-site and gathered information from the following:

Interviews

	Number		Number
General manager	1	Residents/representatives	19
Care manager	1	Recreational activity staff	1
Registered nurses	3	Administration officer	1
Care staff	8	Dentist	1
Physiotherapist/physiotherapy assistant	2	Pharmacist	1
Work health & safety committee members	5	Laundry staff	1
Catering staff	3	Cleaning staff	2
Design manager	1	Maintenance, building and operations staff	2
External supplier	1		

Sampled documents

	Number		Number
Residents' files: assessments, care plans, progress notes, medical notes, pathology reports	9	Medication charts	12
Residents' administration files	6	Staff records	4
Compliments and suggestions	14	Education certificates of completion	15

Other documents reviewed

The team also reviewed:

- Activity programs, activity preparation plans, evaluations, focus group minutes, 'map of life' assessments, bus outing records, activity attendance records
- Catering – NSW Food Authority licence, diet summary sheet, special diet requests, food preferences; nutritional requirements, dietary information daily meal choices, menus – seasonal and four week rotating, daily menu preference lists, food safety manual, delivery monitoring records, temperature monitoring records, audits and results, kitchen cleaning schedule, duty lists.
- Cleaning and laundry – room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records.
- Communication diaries, newsletter, nurses handover sheets
- Complex health care plans, catheter care plans
- Continuous improvement audits, register and plans

- Dietician documentation, resident weight records
- Education – regional orientation content and procedure, BUPA Learning and Development reports with attendance records mandatory education, staff records for internal and external courses completed and E-learning training calendar.
- Education needs analysis for 2012
- Fire safety – annual certification of fire safety measures, training attendance records, equipment inspection and testing reports, fire panel inspection and maintenance records, emergency evacuation lists and fire and other emergency recovery and contingency plan
- Human resource management documentation, including job descriptions, staff and volunteer police checks printout from electronic register, staffing rosters
- Incident/accident reports and monthly collation data
- Information systems -. Minutes of meetings, memos, notice boards on various topics, policies and document control, resident care and care planning, maintenance, accidents and incidents, education and human resource management payroll and rostering systems.
- Inventory and equipment and external services–approved supplier lists, service provider agreements, stock monitoring and delivery systems, planned maintenance program and routine maintenance request and implementation records
- Laughter therapy information
- Mandatory reporting registers for alleged or suspected elder abuse and missing persons incidents
- Medication refrigerator temperature records
- Physiotherapy assessments, therapy care plans and treatment ‘sign off’ sheets
- Policies and procedures, flowcharts, resource manuals
- Regulatory compliance information and resource folders
- Resident handbook and resident care agreements
- Residents’ list
- Restraint authorisations and release records
- Self assessment report for re-accreditation and associated documentation
- Specialist and allied health reports and plans of care
- Staff information handbook
- Treatments, observations, weight records, blood sugar level parameters/monitoring, bowel charts, wound assessments/treatments
- Vaccination records
- Work health and safety – policies, identified electronic hazard reports risk assessment processes, safety week promotional activities and safety score card summary

Observations

The team observed the following:

- Activities in progress, entertainers, children visiting, singing and music
- Equipment and supply storage areas
- Infection control resources: spill kits, sharps containers, outbreak management kits

- Interactions between staff and residents
- Living environment, spacious front garden, café courtyard
- Meal serving, staff assisting residents in a dignified manner
- Medication storage, packaging, expiry dates, opening dates, administration rounds
- Noticeboards: residents/representatives, staff
- Security systems (including phones, the nurse call systems resident wall and pendant buzzers, external lighting, alarm systems).

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The organisation's quality management system, with regular input from the general manager, clearly shows the home is actively pursuing continuous improvement. Areas for improvement are identified by staff and management, using mechanisms that include a range of sequentially numbered improvement, suggestion and hazard logs, feedback from regular meetings, a program of audits, surveys, organisational "scorecard" benchmarking and analysis of monitoring data. All opportunities for improvement are recorded on an electronic improvement status plan enabling the planning, implementation and evaluation of the improvements. General Managers are prompted to evaluate progress and final outcomes of all improvements at least three monthly. Completed improvements are retained in an ongoing summary of completed improvements. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement. They say management is very responsive to suggestions and they always receive feedback.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below:

- The organisation (BUPA) produces a monthly focused score card monitoring a range of key performance indicators at each home. The most recent focused score card (June 2012) shows the home has now achieved or exceeded the organisation's acceptable benchmark on all but one criteria. This is an excellent result as it puts them in the highest percentage of achievers.
- BUPA's on line training portal requires all staff to complete at least six mandatory and targeted topic modules each year. The general manager identified in April 2012 the home had not achieved a satisfactory level of uptake of their E-learning responsibilities by some staff. A carefully crafted individualised letter to all staff listing the E-learning modules not yet completed was despatched. The letter also reminded them the learning program "is to ensure you are kept abreast of any new rules and regulations, and also your responsibilities with regards to manual handling, incident reporting and knowledge of work, health and safety". The result of this initiative is by June 2012 only 12 of 63 staff had not completed the required minimum. The number included some staff on maternity leave and others with reasonable explanations. Other general managers in the organisation have now requested the wording of the letter, so they also can achieve similar results.
- An administration audit identified the need to have a dedicated archive room to ensure the security of documents and compliance with information management regulations. The administration officer, as a "personal best" project, researched the best practice methods for on site archives and together with the building officer equipped a room in the basement area dedicated for this purpose. All documents requiring archiving are now

centralised in one place. This allows for accurate and systematic, registration, ease of retrieval if necessary and orderly destruction at the designated date.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

The home’s management identifies all relevant legislation, regulatory requirements, professional standards and guidelines through subscription to a regulatory publishing service and information forwarded by the organisation’s head office, government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, notices, regular meetings and ongoing training. Relevant information is provided to residents/representatives through residents’ meetings, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the organisation’s continuous improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home demonstrates its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- A register is maintained at organisational level to ensure criminal history record checks have been carried out for all staff.
- The organisation’s human resource management department has identified the legislative requirement of Section 19.5A of the Records Principles 1997 describing the type of records that need to be kept by the approved provider. Staff records demonstrate all staff, including those who were a citizen or permanent resident of a country other than Australia, since turning 16 years of age, have signed a statutory declaration regarding their criminal history during that time overseas
- The organisation’s policy on the prevention and reporting of elder abuse has been updated to reflect current legislation. A register of reportable assaults has been established and training has been provided for staff on the mandatory reporting of elder abuse.
- A system is in place for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents’ records.

1.3 Education and staff development:

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

The organisation’s learning and development departments oversee the implementation of a range of programs to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment and advertising process identifies the knowledge, skills and education required for each position. There is a mandatory pre-employment orientation program for all new staff and a buddy system is used to support the

new staff during their first days of employment. The E-learning and on-site education programs, including topics covering the four Accreditation Standards, are developed with reference to resident needs, staff surveys, performance appraisals and management assessments. Additional education sessions are organised by the care manager, where a need is identified. Electronic records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through questionnaires, competency assessments and performance appraisals. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training management and staff attended relating to Accreditation Standard One include:

- The orientation program covering such topics as policies and procedures, the BUPA philosophy, the communication system and the complaints process.
- The in-service programs which include such topics as preventing and responding to elder abuse, use of the complaints management tool and accreditation training for senior staff.
- The employee electronic portal for in-service programs enables staff to undertake a portion of their learning via online modules and assessments.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, resident agreement, orientation to the home, notices and at residents' meetings. Quality improvement logs for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a register of all compliments and complaints and these are addressed individually. Issues requiring further consideration are escalated to the BUPA Sydney quality team. We noted issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Residents/representatives interviewed say they are aware of how to make a comment or complaint and feel confident concerns are addressed appropriately.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Explanation of the "BUPA way" is included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program - outlined in expected outcome 1.3 Education and staff development - provides the staff with further opportunities to enhance their knowledge and skills. There are job descriptions for all positions and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. Staff performance is monitored through an appraisal process linked to BUPA's personal best program. The home also assesses staff skills through the use of competency testing, meetings, audits, the home's feedback mechanisms and ongoing observations by management. Staff interviewed indicate they have sufficient time to complete their designated tasks and meet residents' needs. Residents/representatives interviewed report their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home has a BUPA generated inventory and management system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home uses BUPA's list of approved suppliers and centrally negotiated service agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Records show equipment is serviced in accordance with a pre-determined schedule and the reactive work is completed in a timely manner. Maintenance performance is monitored by the organisation's property department through regular audits and the home's feedback mechanisms. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes are regularly reviewed and provide the

necessary information for effective care. A password protected computer system facilitates electronic administration and access to the internet and e-mail communication. Policy and procedure manuals and job descriptions on the computerised system clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing and newsletters. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept well informed and consulted about matters impacting on them.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

There is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements with contractors for regular provision of services are entered into at head office level and there is a list of approved service providers who are used on a needs basis. There are work orders for all routine work to be undertaken by contractors and a maintenance help desk to assist with more complex issues and to enable staff working outside business hours to access contractors in an emergency. The services provided are monitored by the maintenance team and the general manager through regular evaluations, audits and the home's feedback mechanisms. The team reviewed examples demonstrating the system for managing non-conformance of suppliers and their replacement with new suppliers. Service agreements are reviewed annually by head office or as stated in the contract.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below.

- As part of an ongoing acquisition program the home has purchased new electric beds, some with egg shell mattresses, over the past year. These provide better safety and comfort for residents and improved occupational health and safety for staff.
- Residents expressed difficulty in accessing external dental services. In response management negotiated with a local dentist to conduct periodic visits to the home. Care staff maintain a list of residents who require dental care. The onsite visits have resulted in the reduction of the number of residents who need to be seen in the offsite clinic. The visiting clinician also assists by conducting routine checks and has contributed to staff knowledge of how to do basic mouth care.

2.2 Regulatory compliance

This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home, with head office support, is able to demonstrate the system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two.

- A record is kept of the current registration of the registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Department of Health and Ageing and industry body resources are available to management and staff on topics relating to health and personal care.
- On commencement of employment clinical (and other) staff are required to sign a confidentiality agreement.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Two is listed below.

- Management of urinary catheters, prompted by staff requesting extra information due to the needs of residents with indwelling catheters.
- Depression in the elderly
- The importance of nutrition in wound care
- The 2011 analysis of staff training needs indicated a need for in-service on the use of restraint and employment of alternatives. This has been scheduled in the education plan for 2012.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Bupa Ashfield implements a clinical care system ensuring residents receive appropriate care. A care manager oversees the system which includes comprehensive assessments, care planning, medication management and health monitoring. Registered nurses complete an initial database assessment when residents first move into the home, followed by a range of focused assessments. Consultation with residents/representatives, doctors, other health professionals and care staff provides information for care planning. Registered nurses develop, review and update care plans on a regular basis and as residents’ care needs change. Family conferences provide an additional opportunity for residents/representatives to discuss care and provide feedback on care. Health monitoring is undertaken on a monthly basis or more often if required, including measurement of weight and general observations. Results show current individualised care plans which reflect the care provided at the home. Residents/representatives say they are satisfied with the clinical care provided for residents.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Registered nurses identify, assess, document and provide residents’ specialised nursing care needs. Registered nurses on duty 24 hours a day, seven days week, review complex health care plans used to document residents’ specialised nursing care needs and guide staff in care provision. Specialised nursing care provided at the home includes diabetic management, palliative care, pain management, oxygen therapy and complex wound care.

Monitoring plans for residents with diabetes guide staff on appropriate treatment and when to inform the resident's doctor of blood sugar level results outside the acceptable range. Staff consult specialist nurses for support and advice as needed including the local palliative care team, continence specialists and nurses who specialise in management of challenging behaviour. Residents/representatives say they are satisfied with the specialised nursing care provided for residents.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

Bupa Ashfield ensures referral to appropriate specialists or other health professionals occurs according to the residents' needs and preferences. A physiotherapist is on site one day a week to assess residents on entry to the home and then again on a regular basis or as necessary. A physiotherapy assistant implements therapy plans including massage, individual exercise, walking practice and group exercise sessions. A podiatrist provides a regular service and other health professionals visit the home on an as needed basis such as a dietician, a speech pathologist and a dentist. Staff assist residents to make and attend external appointments. Registered nurses update care plans with changes after appointments and there are systems to ensure care staff know about changes in resident care. Residents/representatives say they are satisfied with residents' access to external specialists and health related services.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Registered nurses, doctors, pharmacists and a medication advisory committee oversee the medication system to ensure residents' medication is managed safely and correctly. Registered nurses complete medication rounds using a prepacked system of medications supplied by the pharmacy. The home stores medications safely and securely in locked medication trolleys, cupboards and rooms. A pharmacist conducts regular medication reviews with results provided to the resident's doctor and registered nurses for review and follow up as necessary. Staff report medication incidents which are investigated and followed up by management. The medication advisory committee meets regularly to discuss issues related to the medication system including delivery of medication, audit results, incidents and 'after hours' emergency supply of medications. Residents/representatives say they are satisfied with the home's medication system.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's findings

The home meets this expected outcome

Bupa Ashfield implements a pain management system ensuring all residents are as free from pain as possible. Registered nurses complete an initial database assessment identifying residents who require a further more comprehensive pain assessment. This includes verbal

and non verbal signs of pain and providing a baseline for future assessments which staff complete on a regular and as needed basis. Individual pain management care plans detail effective interventions including massage, gentle exercise or laser therapy. Regular or 'as required' pain relief medication is provided by registered nurses who refer residents back to their doctor if the interventions are ineffective. The physiotherapist also provides a pain assessment with additional therapy as required provided by the physiotherapy assistant including massage and individual exercises. Other staff provide a range of comfort measures including repositioning, distraction with activities, rest during the day and warm drinks and snacks. Residents/representatives say residents are either pain free or their pain is managed well and they are comfortable.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings

The home meets this expected outcome

Bupa Ashfield provides end of life care which respects residents' privacy and dignity and ensures their comfort. Clinical assessment identifies residents' preferences should they become terminally ill, which may include staying at the home rather than transfer to a hospital. Staff provide interventions for residents such as pain management, nutrition and hydration, mouth care, pressure care and emotional support, ensuring they remain comfortable. Representatives may stay with residents if they wish and the home makes them comfortable. Religious representatives provide spiritual support according to the wishes of residents/representatives. Representatives say the care is wonderful, staff are gentle and kind and they would not want their relative to be anywhere else for end of life care.

2.10 Nutrition and hydration

This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

When residents first move into the home registered nurses complete diet analysis forms, which provide information on residents' individual dietary needs and preferences. Information identified includes any special diets, food allergies, meals which need to be of soft consistency, thickening of fluids, special cutlery or plates and meal preferences. A copy of the diet analysis form is forwarded to the kitchen for implementation. Nutrition and hydration assessments provide additional comprehensive information for care planning. Staff implement food and/or fluid monitoring charts as required. Health monitoring includes regular weight recording with results provided to registered nurses for follow up as necessary with the resident's doctor. A dietician and a speech pathologist review residents if weight fluctuation or difficulty swallowing occur. Residents say they like the meals and there is always plenty.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Registered nurses complete clinical assessments to identify each resident’s skin integrity. Consultation with residents/representatives ensures any concerns related to skin care are identified, documented in care plans and care is provided according to the residents’ needs and preferences. Registered nurses assess all wounds and provide regular wound treatments including dressings. A wound care consultant from the local health service reviews wounds which are chronic or slow to heal and provides advice and support for registered nurses. Residents’ skin integrity is protected through the use of regular showering or bathing, skin moisturiser creams, careful manual handling and pressure relieving equipment. Incidents including skin tears are monitored, discussed and followed up to reduce their frequency. Residents/representatives say staff provide very good care and they are satisfied with the skin care provided for residents.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Registered nurses and staff complete continence assessments which provide information for toileting and bowel management programs. Consultation undertaken with residents/representatives provides additional information for care planning. A continence link nurse provides day to day guidance for staff and ensures sufficient supplies of continence aids are always available. The home has appropriate equipment such as raised toilet seats and hand rails in the bathrooms. Bowel management includes an increased fibre intake, fresh fruit, exercise and good hydration. The effectiveness of residents’ continence programs is monitored on a daily basis by care staff with any changes reported to a registered nurse for follow up. Residents/representatives say they are satisfied with the continence care provided and representatives say the home always smells nice when they visit.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Bupa Ashfield implements systems to effectively manage residents with challenging behaviours. Clinical assessments, consultation with residents/representatives and monitoring of behaviour identify triggers and successful interventions which are included in care plans. Registered nurses review the effectiveness of interventions and refer to the resident’s doctor as needed. The home’s ground floor has a secure perimeter which enables safe wandering for residents with dementia. The recreational activity program provides individualised activities which assist in the management of challenging behaviour. A psycho-geriatrician and specialist nurses experienced in management of challenging behaviour provide advice and support for staff. Observation of resident and staff interaction show a patient and gentle approach to behaviour management at the home. Residents/representatives say the needs of residents with challenging behaviour are effectively managed at the home.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

Registered nurses provide an initial mobility assessment which is included in the clinical database completed when residents first move into the home. The physiotherapist then completes a full mobility and physiotherapy assessment usually within the first week or two of the resident moving into the home. The physiotherapist then reviews residents on a regular basis and more frequently if they fall or their condition changes. The physiotherapy assistant implements therapy plans which aim to maximise each resident’s mobility, dexterity and rehabilitation potential. Care staff also play an important role through range of movement exercises, sit to stand transfers and walking practice during routine care provision. The home provided examples where a resident’s mobility and independence have improved through regular therapy and the support of care, therapy and lifestyle staff. The home investigates and monitors incidents/accidents to identify interventions to prevent further occurrences. Residents say they enjoy the massage and exercise sessions and staff assist with walking where possible.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Clinical assessments identify the oral and dental needs and preferences of residents which registered nurses include in care plans. Staff assist residents to maintain their dental and oral hygiene routine including cleaning and soaking of dentures according to resident preference. Staff report any changes in residents’ oral health or eating habits to registered nurses to ensure any changes are identified and followed up. A dentist visits the home to provide dental care and denture assessment and provision. Terminally ill residents receive specialised care including soft refreshing mouth swabs and lip balm to ensure they remain comfortable. Staff say there are sufficient supplies of toothbrushes, toothpaste and denture care equipment. Staffs assist residents to make and attend external dental or denture technician appointments as required. Residents say they are satisfied with the assistance provided by staff for the cleaning of their teeth and dentures.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Bupa Ashfield implements a range of sensory assessments which include vision, hearing, taste, smell and touch. Consultation with residents/representatives provides additional information for care planning such as the use of glasses or hearing aids, large print books, good lighting and large screen televisions. Residents’ sense of touch is stimulated through daily care provision, hand massages by lifestyle staff and massages by the physiotherapy assistant. Catering staff prepare meals fresh on site so residents’ sense of smell is

stimulated at meal times. Lifestyle staff use electric aromatherapy burners with essential oils to create a calming atmosphere which relaxes residents. Staff assist residents to make external appointments with specialists such as audiologists or optometrists if required. Residents/representatives say they are satisfied with the support provided for residents who have sensory losses.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Clinical assessments identify residents’ preferred routines for naps during the day, settling at night and any concerns which may interfere with natural sleep patterns. Staff assist residents to rest in bed or in a chair according to their choice throughout the day. Registered nurses review residents who experience sleep disturbances in consultation with their doctor. Staff check residents regularly throughout the night providing repositioning, continence care and pain management if required. Residents who are unable to sleep are provided with warm drinks or snacks to help them settle. Residents say they sleep well at night.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- The home was selected to participate in a study of humour therapy for residents. The study, conducted through the University of Technology Sydney, was testing if humour therapy is able to improve the quality of life of residents in aged care. While formal results of the study have not been published, there was ample anecdotal evidence in the home that residents were responding positively to the program. The lifestyle staff introduced a ‘smile box’ containing costumes and other humour evoking paraphernalia. Staff members were trained and designated as “laughter bosses” to wear different outfits each day, to encourage residents to laugh and smile. Management, administration and care staff are also involved in creating spontaneous moments of laughter. The results of this project has been an increase in the frequency and an improvement in the way the lifestyle team incorporate one on one visits to bedbound residents into the daily program. While the link between humour therapy and resident wellbeing cannot be demonstrated scientifically, the home reports a significant decline in incidents of resident anxiety and aggression. In January and February 2012 there were eight reported aggressive incidents and following the introduction of the ‘smile box’ in March, April May and June 2012 there were only two reported incidents.
- The leisure team completed an improvement log suggesting a group cultural celebration under the heading ‘Asia Week’. The aim is to meet the cultural needs of an increasing number of residents from Asian backgrounds and help staff and other residents to appreciate the nature and essential characteristics of this culture. Planning for the event has commenced and the initial result is the involvement of local community groups. The home will use this event to expose the home to the wider community and enable them to showcase the benefits of BUPA Ashfield to a community that is increasing in numbers in the immediate area.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective, with the following examples relating to Accreditation Standard Three.

- Information is provided to residents/representatives in the resident handbook regarding residents' rights and responsibilities including security of tenure and the care and services to be provided to them.
- The resident agreement offered to all residents ensures residents' rights are protected.
- The Charter of residents' rights and responsibilities is displayed in the home.
- Staff and volunteers are trained in residents' rights and responsibilities in their orientation program and sign a privacy/confidentiality agreement to ensure compliance with privacy legislation.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- The orientation program covering such topics as resident rights and customer service.
- The in-service program covering such topics as dementia and communication, emotional, spiritual and cultural support.
- The leisure team attended a Diversional therapy association workshop

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Bupa Ashfield provides information and emotional support for new residents and their representatives prior to and during the moving in process, assisting the resident to settle into their new home. A tour of the home may be arranged prior to entry and packs of information explain residents' rights and responsibilities, fees and charges, daily routines and services available. The home ensures new residents are introduced to other residents and staff and daily happenings at the home are explained. Recreational activity staff invite new residents to join in with the social program as they feel ready. The home has a happy and relaxed atmosphere providing support for residents and their family members, who are encouraged to visit as often as they wish. Ongoing support for existing residents by management and staff, and according to resident choice visiting religious representatives, ensures residents feel emotionally supported. Residents/representatives say it is a happy home where management and staff support residents and their family members.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Management and staff provide assistance for residents to remain as independent as possible for as long as possible. Clinical assessments identify residents' independence and the amount of assistance they require on a daily basis to complete their usual activities. Therapy and exercise programs promote independence through maintenance or improvement of movement, strength, balance and mobility where possible. Interaction with the local community is through intergenerational visits from a local preschool, participation in community fundraising events, bus trips and visits by entertainers. The front garden is well used by residents, their family members and visiting children. Management says the lowering of the hedge border enables neighbours to chat with residents in the garden. Newspapers and television broadcasts connect residents with happenings around the world. Residents/representatives say staff encourage resident independence as much as possible and the home is very much a part of the local community.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Management and staff of Bupa Ashfield protect the privacy and dignity of residents and ensure confidentiality of residents' personal information. Residents sign agreements which include exchange of information to appropriate people and use of photographs for care information and social photographs. Staff sign confidentiality agreements in relation to resident personal information. The home has some single rooms and those with multiple beds are separated by screens which are of sufficient length to provide privacy. Staff are careful to protect residents' privacy during care and knock on doors or check with residents prior to entering rooms. Secure storage of care information and locked rooms ensures confidentiality of resident personal information. Residents/representatives say staff are wonderful and always respect residents' privacy.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Bupa Ashfield provides a varied lifestyle program which encompasses residents' physical, mental, social, creative, cultural and spiritual needs. Lifestyle staff complete information on each resident's background using a 'map of life' assessment. Residents choose whether to have a 'life board' hanging on the wall in their room which provides points of interest for staff when talking with residents. The home is filled with laughter and music enjoyed by residents, family members, management, staff and children who visit. Activities often occur in the spacious and well maintained front garden or the café courtyard which facilities alfresco dining and barbeques with family members. Residents enjoy flower arranging, gardening,

ball games outside, singing, exercises, bus outings, newspaper readings, individual visits including from a singer with a piano accordion and laughter therapy. Preschool children visit to join in with residents singing and dancing in the garden. A representative said the home always has singing and music occurring. Residents are encouraged to join in with the lifestyle program by choice and attendance is monitored to ensure all residents receive some form of support.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Bupa Ashfield is a multi-cultural community with residents and staff who come from countries all around the world. All cultures are recognised, respected and celebrated at the home. Assessments completed by staff identify residents' cultural and spiritual backgrounds and their preferences for incorporating their beliefs in their lives. For residents who have limited English skills or are reverting to their native language, important communication and language phrases are placed in their rooms for easy access by staff. The home has access to community visitors from different cultural backgrounds who visit residents to speak with them in their own language. Special cultural days which are significant to residents are celebrated and enjoyed by residents, family members, management and staff. Significant dates in residents' lives are recognised, including birthdays if they wish. Residents choose whether to attend church services held at the home and whether they have religious or other spiritual representatives visit them. Residents/representatives say the home is very supportive of residents' cultural and spiritual preferences.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Residents of Bupa Ashfield exercise choice and control over their lives and lifestyle. Staff complete assessments and consult with residents/representatives about residents' preferred daily routines, meal choices, doctor and many other choices which affect their daily lives. Residents personalise their own space with memorabilia such as photographs, knick knacks and their favourite chair. Survey completion, suggestions and regular meetings provide opportunities for residents/representatives to be involved in the running of the home. Voting is available on site, through the mail or residents may be assisted to have their name removed from the roll if they choose. Residents/representatives say they speak up without hesitation and the home enables residents to make choices of importance to them in their daily lives.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

Bupa Ashfield ensures residents/representatives are provided with comprehensive information about what it means to live at the home, residents' rights, fees and charges, services available and security of tenure. Administration staff initially introduce the resident/representative to the home. A tour may be arranged and a package of information is provided which encourages residents/representatives to voice any questions or concerns. The resident handbook includes the Charter of residents' rights and responsibilities and internal and external complaints mechanisms. All residents/representatives are provided with an agreement which may be taken to an external professional for review prior to signing. A copy of the signed agreement is provided to the resident/representative. Consultation is undertaken and agreement given prior to the move of any residents from their allocated room. Residents/representatives say they are very happy with the care and feel comfortable in the knowledge their place is secure.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- It was identified the glass wall lamps installed in residents’ rooms were not ecologically suitable and the long cords were a potential hazard. BUPA property department approved the replacement of all wall lamps with an aesthetic lampshade that is both safe and attractive. Feedback from stakeholders has been very positive including: “the home now has a lovely ambience” and “the softer lights are both pretty and practical”. Staff commented on the ease of operation, without having to search for the cord.
- In response to recent events and in accordance with the organisation’s risk management policy, BUPA property services contracted a fire and equipment environmental and regulatory compliance audit. The audit recommended a range of improvements; for example, the need to link side gates to the fire panel, upgrade the exit signs to reflect current regulations, facilitate smoke doors to open in both directions and install fire collars on PVC pipe work to prevent upwards penetration of fire. All of these recommendations have been implemented, making the home better prepared should a catastrophic event occur.
- Framed certificates are often required by law to be displayed in the home. Similarly the organisation recognises personal best achievers called “legends” and certificates documenting these are also on display. The need for annual changes to the certificates and an incident where a resident broke the glass in the frame, prompted the administration officer to look for an alternative display method. Permanently fixed to the wall snap frame devices, with non-breakable clear inserts, were sourced from a shop-display firm. It now takes seconds to change certificates and the details about obtaining the product has been shared with many other BUPA homes.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.
- A review of staff training records and interviews with staff indicates staff have fulfilled the mandatory fire awareness and evacuation training.
- The home has a NSW Food Authority licence and a food safety program as required by the Vulnerable Persons Food Safety Scheme.
- Chemicals are securely stored and material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer in accordance with occupational health and safety legislation.

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- The orientation program includes training in fire safety, infection control, work health and safety, manual handling, accident/incident reporting and the maintenance system.
- The in-service program covering topics such as infection control, fire awareness and evacuation, manual handling, occupational health and safety and risk management.
- All catering staff have attended food safety training.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The home comprises two residential floors with residents housed in single, two and three bed rooms with shared bathrooms. There are purpose designated outdoor areas with gardens and outdoor furniture available for all residents. The living environment is clean, well furnished, well lit and has heating and cooling units to maintain a comfortable temperature. The building and grounds are well maintained with a program of preventative and routine maintenance monitored and implemented through an electronic program. The safety and comfort of the living environment is evaluated through audits, surveys, meetings, the home's feedback mechanisms, accident/incident reports and observation by staff. Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs and the residents/representatives interviewed express their satisfaction with residents' living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. In response to increased acuity of residents and the age of the building the staff voted for an elected work health and safety (WH&S) committee. The committee's role is to oversee work health and safety at the home and report issues of concern to management and staff at regular meetings. All staff are trained in manual handling, occupational health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for staff use to assist with manual handling and personal protective equipment is used for staff safety and for infection control. The home monitors the working environment and the occupational health and safety of staff through regular audits, risk and hazard assessments, accident and incident reporting and daily observations by management and staff. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. Two trained fire safety officer oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. Inspection of the external contractor records and equipment tagging confirms the fire fighting equipment is regularly maintained. Emergency flipcharts and evacuation plans are displayed throughout the home and an emergency evacuation kit with a current resident list of all residents is maintained on the premises. Security is maintained with a lock-up procedure at night and security lighting. Recent implementation of extra fire safety precautions, including installation of fire rescue mattress straps for all bed bound (immobile) residents, reflects the organisation's approach to implementing strategies above those required by law. The systems to minimise fire, security and emergency risks are monitored through resident surveys, staff meetings, internal audits and external inspections. Staff interviewed indicate they know what to do in the event of an emergency and residents interviewed state they feel safe in the home.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home ensures its infection control program is effective through clear policies and procedures, education and an infection surveillance program. The care manager (who has received appropriate training), together with the general manager, coordinate the program. Both monitor staff adherence to infection control standard precautions. The home has mandatory training in infection control and hand washing competencies are assessed. Hand washing facilities, personal protective equipment and other equipment is available to enable

staff to carry out infection control procedures. The infection control program also includes an outbreak management policy and kits, a food safety program used in the kitchen, a vaccination program for residents and staff, pest control and waste management. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program. The program is monitored through reporting of all infections, audits, benchmarking and trend analysis.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All residents are assessed for their dietary preferences and needs when they move into the home. There is a rotating menu prepared by the organisation's dietician which caters for special diets and provides choices for residents. The menu takes into account the needs and preferences of residents who are from diverse cultural backgrounds, and is adapted to meet residents' changing dietary needs. The cleaning is carried out by highly committed staff according to a schedule which includes routine and detailed cleaning. The quality of the cleaning is monitored by management of the home and the team observed the home to be clean and well maintained. Personal clothing and linen is laundered at the home by laundry staff using commercial type washing machines. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives interviewed say they are satisfied with the hospitality services provided.